

Clinical Practice Advisories: January 2008- December 2008	
<b>Board Advisory Date:</b>	
January 17, 2008  CNM-VBAC	<p>Question:</p> <p><b>Is it within the scope of practice for the CNM to provide vaginal birthing after history of cesarean section to a patient receiving care at a licensed birthing clinic in NH?</b></p> <p>Board Response: The board supports the ARNP Certified Nurse Midwife (CNM) role in providing VBAC deliveries and applauds the efforts for birthing choices in New Hampshire. However, the board opines the VBAC deliveries arranged by the CNM should be planned for, and provided in acute care settings that have full access to immediate services for resolution of complications to the mother and child.</p> <p>The VBAC question was revisited and all materials sent to the board on this issue were reviewed and discussed at the board meeting. The board offers the following as a result of its research and discussion:</p> <p>Board Response: The board supports the ARNP Certified Nurse Midwife (CNM) role in providing VBAC deliveries and applauds the efforts for birthing choices in New Hampshire. Further, the board is in complete support with the American College of Nurse-Midwives and the Association of Women’s Health, Obstetrics and Neonatal Nurses position statements on VBAC. In the absence of a clear definition for the timeframe of a “trial of labor”, the NH Board of Nursing continues to base its opinion in the definition on safe practice as quoted by Simpson &amp; Creehan (2008), “The decision to offer a trial of labor for women attempting VBAC should be based on commitment of resources and agreement of providers to be in-house [immediately available] during the course of labor. If this commitment cannot be made for</p>

	<p>whatever reason, the hospital [facility] should not offer VBAC care. Alternatives are repeat cesarean birth or patient referral to another hospital with resources consistent with the ACOG (2004b) recommendations” (p. 374-375).</p> <p>Simpson, K. &amp; Creehan, P. (2008) AWHONN Perinatal Nursing. Association of Women’s Health, Obstetric and Neonatal Nurses 3rd Edition, Lippincott, Williams &amp; Wilkins, 374-375.</p>
February 21, 2008	Question: Can the LNA co-sign narcotic counts?
LNA narcotic count	The board opined that this is not within the LNA scope of practice.
February 21, 2008	Question: Can the RN perform neurometrix nerve conduction study under the supervision of the physician? The board opined this is within the RN scope of practice.
Neurometrix nerve conduction study	
March 20, 2008	Question: Can the RN instruct mammography technologists to perform breast examinations? No, the board determined that training and delegation does not meet criteria of Nur 400.
Breast exam delegation	
April 16, 2008	Question: Is it within the scope of RN practice to administer vaginal prostaglandins with a live fetus, as with cervical ripening agents such as Cervidil or Misoprostol? The board opined vaginal administration of medications ordered by the physician is within the scope of RN practice.
Vaginal administration of medications	
Pain control	
LNA scrub for C-section	

	<p>direct supervision of the physician and circulating RN for cesarean section surgery in the operating room? The board opined this is not within the educational experience and preparation for the LNA.</p>
Nail dremel	<p>Question: Are there any practice guidelines for licensed staff on the use of a nail dremel or electric nail file? The board opined that use of the nail dremel or electric nail file falls within RN/LPN scope of practice and is not within LNA scope of practice.</p>
LNA Sterile technique	<p>Question: Are there any limitations to teaching non-licensed personnel to perform sterile technique? An operating room is investigating the role of care partners/LNAs and support partners/environmental services people to function as runners to obtain items during a case, turn over a room after the case including cleaning and opening sterile set ups.</p> <p>The board opined there is no limitation to teaching however, this is not within the scope of the LNA as the activity is not within the educational preparation of the LNA and does not meet the intent of Nur 404(Delegation). The licensed nurse cannot delegate care of an unstable patient to. The board further states they do not recommend as part of a safe nursing practice.</p>
RN ultrasound	<p>Question: May a RN use an ultrasound for therapeutic purposes if taught to do so? The board opines this is not within licensed nurse scope of practice.</p>
RN non-invasive hand held ultrasound	<p>Question: Can a RN who has gone through competencies start an IV using a non-invasive hand held ultrasound device? Yes, the board opines this is within the scope of the licensed nurse provided they have the competencies and facility policies support the practice.</p>
<p>May 15, 2008</p> <p>LNA suture removal</p>	<p>Question: Can the LNA remove sutures or staples if trained per facility policy? The board opined this is a procedure that requires assessment and does not fall within the LNA scope of</p>

RN microdermabrasion and related dermatologic procedures	<p>practice to perform.</p> <p>At its 6/19/08 meeting the board revisited the LNA question related to suture removal and reaffirmed the May 15, 2008 opinion.</p> <p>Question: Can the RN independently perform microdermabrasion and related dermatological procedures without physician oversight? The board opined this is not within the current standards of practice for the RN.</p>
<p>June 19, 2008</p> <p>LNA scrub C-section reaffirmed</p> <p>RN non-invasive hand held reaffirmed</p>	<p>Question: The question related to LNA scrub for C-section procedures was revisited at the 6/19/08 board meeting and the board reaffirmed its previous opinion that this is not within the scope of LNA practice.</p> <p>Question: "May the RN use an ultrasound for therapeutic purposes" and "Can the RN who has gone through competencies start and IV using a non-invasive hand held ultrasound device" were revisited at the 6/19/08 board meeting. The board reaffirmed its previous opinions on both questions.</p>
<p>September 18, 2008</p> <p>Education Program Financial Audit</p>	<p>Question: What constitutes an audited financial statement pursuant to the Nur 600 Administrative Rules? The audit must be in accordance with auditing standards generally accepted in the USA. Those standards require the audit outcomes that provide reasonable assurance about whether the financial statements are free of material misstatement.</p>
<p>September 18, 2008 and December 18, 2008</p>	<p>Question: AWHONN statement differs from the board's FAQ on Women's Health regarding epidural medication administration. The inquiring nurse requests clarification. Answer: The board reaffirms the Women's Health FAQ which contains the board opinion related to epidural medication administration.</p>